

2712

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 582	
1. PLACE OF DEATH				COUNTY <u>Yavapai</u> STATE <u>ARIZONA</u>			
TOWNSHIP _____				OR VILLAGE <u>Hillside</u>			
CITY _____				WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>2</u> YRS. <u>2</u> MOS. <u>0</u> DS.				HOW LONG IN U. S. IF OF FOREIGN BIRTH? <u>2</u> YRS. <u>2</u> MOS. <u>0</u> DS.			
2. FULL NAME <u>George W. Wright</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>8</u> YRS. <u>8</u> MOS. <u>0</u> DS.			
(A) RESIDENCE: NO. <u>Hillside District</u> ST. _____				(B) NON-RESIDENT: GIVE CITY OR TOWN AND STATE _____			
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Bertie Wright</u> (OR) WIFE OF _____							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30, 1887</u>							
7. AGE YEARS <u>54</u>		MONTHS <u>9</u>		DAYS <u>0</u>		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Mine Foreman</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			
12. BIRTHPLACE (CITY OR TOWN) <u>Jerico</u> (STATE OR COUNTY) <u>Colorado</u>							
13. NAME <u>Wright</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTY) <u>"</u>							
15. MAIDEN NAME <u>"</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>"</u> (STATE OR COUNTY) <u>"</u>							
17. INFORMANT <u>Mrs. Bertie Wright</u> (ADDRESS) <u>Hillside, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial</u> <u>Mt. View Cemetery</u> DATE <u>June 3, 1937</u>							
19. EMBALMER { LICENSE NO. <u>8 A</u> SIGNATURE <u>Lester Ruffner</u> FUNERAL DIRECTOR <u>Lester Ruffner</u> ADDRESS <u>Prescott, Arizona</u>							
20. FILED <u>June 5, 1937</u> <u>J. P. McNamee</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5/30/37</u> , 19 <u>1937</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>May 30</u> , 19 <u>37</u> , TO <u>May 30</u> , 19 <u>37</u>							
I LAST SAW HIM ALIVE ON <u>May 30</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:40 A.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Coronary Heart Failure</u> DATE OF ONSET <u>?</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Bronchopneumonia</u> <u>?</u>							
NAME OF OPERATION <u>none</u> DATE OF WHAT TEST <u>Clinical Signs (SEE OVER)</u> CONFIRMED DIAGNOSIS <u>no</u> WAS THERE AN AUTOPSY? <u>no</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 _____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____ NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>?</u>							
IF SO, SPECIFY _____ (SIGNED) <u>John B. MacArthur Jr.</u> M. D. (ADDRESS) <u>Hillside, Arizona</u>							